



PTO/SB/17 (12/99)  
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# FEE TRANSMITTAL

## for FY 2000

Patent fees are subject to annual revision.  
Small Entity payments must be supported by a small entity statement,  
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.  
See 37 C.F.R. §§ 1.21 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$) 130.00

### Complete if Known

Application Number	9/579,694
Filing Date	May 26, 2000
First Named Inventor	Michael G. Hayek
Examiner Name	
Group / Art Unit	1761
Attorney Docket No.	IAM 0523 PA

### METHOD OF PAYMENT (check one)

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number   
Deposit Account Name

- ☐ Charge Any Additional Fee Required  
Under 37 CFR §§ 1.16 and 1.17

2. ☒ Payment Enclosed:

☒ Check ☐ Money Order ☐ Other

### FEE CALCULATION (continued)

#### 3. ADDITIONAL FEES

Large Entity Code	Small Entity Code	Fee (\$)	Fee Description	Fee Paid
105	130	205	65	130.00
127	50	227	25	
139	130	139	130	
147	2,520	147	2,520	
112	920*	112	920*	
113	1,840*	113	1,840*	
115	110	215	55	
116	380	216	190	
117	870	217	435	
118	1,360	218	680	
128	1,850	228	925	
119	300	219	150	
120	300	220	150	
121	260	221	130	
138	1,510	138	1,510	
140	110	240	55	
141	1,210	241	605	
142	1,210	242	605	
143	430	243	215	
144	580	244	290	
122	130	122	130	
123	50	123	50	
126	240	126	240	
581	40	581	40	
146	690	246	345	
149	690	249	345	

Other fee (specify) \_\_\_\_\_

Other fee (specify) \_\_\_\_\_

SUBTOTAL (1) (\$) 0

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 130.00

#### 1. BASIC FILING FEE

Large Entity Code	Small Entity Code	Fee (\$)	Fee Description	Fee Paid
101	690	201	345	
106	310	206	155	
107	480	207	240	
108	690	208	345	
114	150	214	75	

SUBTOTAL (1) (\$) 0

#### 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent	-20** =	X	
Multiple Dependent	-3** =	X	

\*\*or number previously paid, if greater; For Reissues, see below

#### Large Entity Small Entity

Large Entity Code	Small Entity Code	Fee (\$)	Fee Description
103	18	203	9
102	78	202	39
104	260	204	130
109	78	209	39
110	18	210	9

SUBTOTAL (2) (\$) 0

#### SUBMITTED BY

Name (Print Type) Susan M. Luna  
Signature *Susan M. Luna*

Registration No. (Attorney/Agent) 38,769

#### Complete if applicable

Telephone 937/223-2050  
Date August 22, 2000

#### WARNING:

Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.